

Harm/Severity Levels for Patient and Non-Patient Incidents

Harm Level	Definition	Clinical / Patient Examples	Non-Clinical / Non-Patient Examples
Near Miss	<ul style="list-style-type: none"> Incident that did not reach the patient 	<ul style="list-style-type: none"> Wrong isolation signs on door, which is corrected before someone enters with inappropriate PPE Almost gave a medication and realized the patient has a known allergy to that medication 	<ul style="list-style-type: none"> Ice buildup on the sidewalk at patient entrance Malfunctioning automatic door that is closing too quickly is reported by a Volunteer and repaired
No Harm	<ul style="list-style-type: none"> Incident that reached the patient, but no discernable harm resulted 	<ul style="list-style-type: none"> Bloodwork drawn on the wrong patient – discovered and drawn on the correct patient Wrong medication/dose given to patient with no discernable harm 	<ul style="list-style-type: none"> Malfunctioning automatic door that is closing too quickly hits a volunteer causing them to fall without injury
Harm: Non-Severe/Non-Critical	<ul style="list-style-type: none"> Patient outcome is symptomatic Symptoms are mild/moderate May require some level of intervention May cause short term to permanent harm or loss of function May require increased length of stay 	<ul style="list-style-type: none"> Incorrect dose of blood pressure medication given to patient resulting in blood pressure drop. IV bolus given; no further intervention required Post-operative patient given soft diet instead of clear fluids Patient fall resulting in laceration, bruise, fracture etc. Patient fall resulting in small subdural hematoma that did not cause any symptoms but required them to stop blood-thinners 	<ul style="list-style-type: none"> Malfunctioning automatic door that is closing too quickly hits a volunteer causing them to fall and fracture an arm A physical altercation between two visitors results in one being treated for a broken nose

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Harm: Severe/Critical	<ul style="list-style-type: none"> • Patient requires life-saving intervention or major surgical/medical intervention • Life expectancy may be shortened • May cause major permanent, or long-term harm or loss of function • May result in death that on the balance of probabilities was caused or brought forward by the incident 	<ul style="list-style-type: none"> • Medication was given that patient was known to be allergic to – patient required transfer to ICU, resulting in increased length of stay • Unexpected death, including suicide within the organization • Patient fall resulting in subdural hematoma that caused one-sided weakness requiring rehabilitation • Defective medical device causes disconnection of dialysis line resulting in significant blood loss requiring transfusion 	<ul style="list-style-type: none"> • Infrastructure failure causing death of a visitor

References:

Ontario Ministry of Health. (2010). *Excellent Care for All Act: Guidelines for Critical Incident Reporting*. Toronto, ON: Author. Retrieved from: http://www.health.gov.on.ca/en/pro/programs/ecfa/docs/guidelines_cir.pdf

